

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#9

In re application of:

SOMA et al

Art Unit: 1645

Serial Number: 09/700,713

Examiner: K. Shannan-Shah

Filed: November 27, 2000

Attny. Docket No. 101149-00008

For: ADDITIVES FOR CRUSTACEAN OR FISH FEEDS AND FEEDS

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
Washington, D.C. 20231

Date: December 3, 2001

Sir:

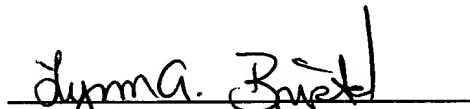
Applicant(s) petition for an extension of time for three months for response to the outstanding Office Action dated June 1, 2001 from September 1, 2001 to December 3, 2001 (December 1, 2001 falling on a Saturday).

Please find attached a check in the amount of \$920 to cover the extension fee. The Commissioner is hereby authorized to charge any fee deficiency or credit any overpayment associated with this communication to Deposit Account No. 01-2300.

Adjustment date: 12/19/2001 AKELLEY
12/07/2001 SLUANG1 00000032 09700713
02 FC:117 -920.00 OP

Respectfully submitted,

Regln. Ref: 12/19/2001 AKELLEY 0010303400
KAH:012300 Name/Number:09700713
FC: 704 \$920.00 CR


Lynn A. Bristol
Registration No. 48,898

12/07/2001 SLUANG1 00000032 09700713
02 FC:117 920.00 OP

Customer No. 004372
ARENT FOX KINTNER PLOTKIN & KAHN, PLLC
1050 Connecticut Avenue, N.W.,
Suite 400
Washington, D.C. 20036-5339
Tel: (202) 857-6000
Fax: (202) 638-4810

Check #: 330222

RECEIVED

DEC 10 2001

OFFICE OF PETITIONS

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/17/01</u>		2 Serial/Patent # <u>09/700,713</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time			\$ <u>920.</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>920.</u>							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>			0	1	--	2	3	0	0
0	1	--	2	3	0	0					
<div style="font-family: cursive; font-size: 1.2em;"> EXTENSION OF TIME PERIOD IS OVER, NO FEE DUE AT THIS TIME. </div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: <u>PARALEGAL</u>									
SIGNATURE: <u>Irvin Dingle</u>		PHONE: <u>306-5684</u>									
OFFICE: <u>PETITIONS</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Aileen Kelly</u>		DATE: <u>12-19-01</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: